



Youth Council Application and Voting Permission

Participation Agreement and Waiver of Liability

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ T-Shirt Size: _____ Tribal Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

**By providing this phone number, I give consent to receive program updates via text at this number.*

Email Address: _____

LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

**By providing this phone number, I give consent to receive program updates via text at this number.*

Alternate Phone Number: _____

**By providing this phone number, I give consent to receive program updates via text at this number.*

Email Address: _____

Alternate Emergency Contact:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

**By providing this phone number, I give consent to receive program updates via text at this number.*

Email Address: _____

PARTICIPANT MEDICAL INFORMATION

Please list all allergies and type of reaction (food, drug, insect bites/stings):

*Allergy listed above may require the use of an EpiPen.

Please discuss with your youth the importance of showing the leaders/chaperones where their EpiPen is located.

Please list all other circumstances (Medical, Neurodevelopmental, Physical, Behavioral, Psychiatric or Social/Emotional) that would allow us to best understand your youth.

MEDICATIONS

Please list any current medications being taken, doses and frequency: All medication(s) [prescriptions and over the counter] presently being taken. All medication administered during youth programming must be in their original packaging, be clearly marked with child's name and complete dosage instructions. Only medications sent in original containers will be dispensed.

Name of Medication: _____ Dosage: _____

How Taken/Given: _____

Medication Schedule: _____

Reason for Giving: _____

Name of Medication: _____ Dosage: _____

How Taken/Given: _____

Medication Schedule: _____

Reason for Giving: _____

Name of Medication: _____ Dosage: _____

How Taken/Given: _____

Medication Schedule: _____

Reason for Giving: _____

MEDICATIONS CONTINUED

Please check over-the-counter medications that may be administered:

- | | | | | |
|---|---------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polyprion | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Bug Repellant | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Essential Oils | <input type="checkbox"/> Other: _____ | | | |

PARENTAL PERMISSION TO SHARE MEDICAL INFORMATION

As Parent/Legal Guardian, this health history is correct, so far as I know. In the event I cannot be reached in an emergency, I hereby give my permission to Tribe Youth staff to hospitalize, to secure proper treatment and/or to order injections, anesthesia or surgery for my child as deemed necessary by a hospital emergency staff physician which in their professional judgment may be necessary. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

As parent of the aforementioned I, hereby request and authorize Gun Lake Tribe Youth Staff to use or disclose my child's confidential Health Information as included in this form. Information will be shared with only those who need to know in order to keep my child safe and ensure proper care. This may include: Gun Lake Education Staff, chaperones, and, in the event of an emergency, the hospital emergency staff.

Parent/Guardian Signature: _____ Date: _____

BEHAVIORAL EXPECTATIONS

As the Gun Lake Tribe Youth Program, it is our mission to promote the development of future Tribal leaders, provide a representative voice for Native youth and promote the Pottawatomi culture, language, pride, and identity.

The youth participant agrees to the following:

- All participants are expected to exhibit the seven grandfather teachings: Love, Respect, Humility, Wisdom, Bravery, Truth and Honesty, for themselves, other participants, staff, properties and facilities in which the Gun Lake Tribe Youth program is being held
- Personal belongings are the sole responsibility of the youth.
- Refrain from the possession and use of weapons, tobacco products (unless for ceremonial or traditional purposes), vapes, alcoholic beverages and illicit drugs.
- Physical and personal space is sacred and will be treated as such.
- Any behavior that violates any laws of the United States or the Gun Lake Tribe or any local ordinance is prohibited.
- Dress appropriately for activities that Youth Council is engaging in and according to the customs and standards of the venue that they are visiting.
- Electronic devices are to be used respectfully and appropriately.
- Youth will remain with their assigned groups unless given permission from staff to do otherwise.

WAIVER AND RELEASE OF LIABILITY

By signing below, I hereby grant permission for my youth to participate in activities and events for, on behalf of, involving, relating to, or in connection with the Gun Lake Tribe without limitation, including but not limited to cultural activities, fire keeping, council meetings and events, camping, cooking, fundraising, hikes, service projects, swimming, training, and trips.

I understand that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the Gun Lake Tribe and Michigan law and agree that if any portion is held invalid that the remainder of the Waiver and Release of Liability will continue in full force and legal effect. I understand that the Gun Lake Tribe retains full sovereign immunity from suit, and that the Gun Lake Tribe neither makes nor intends any waiver of tribal sovereign immunity, whether by this Waiver and Release of Liability or otherwise. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assign may present against the Gun Lake Tribe, employees, rental facilities, including its trustees, employees, and agents.

I understand that participating in tribal youth activities involves certain risks, including but not limited to death, serious neck and spinal injuries, brain damage, and serious injury to bones, joints, soft tissues and muscles. I understand the inherent risk of COVID-19 and other diseases and viruses exists in any public place where people are present, that COVID-19 is an extremely contagious disease that can lead to severe illness and death and the youth's participation could result in youth contracting COVID-19, suffering respiratory failure and/or death, and transmitting COVID-19 to family or household members and others who may also suffer such effects

The Gun Lake Tribal Council in coordination with the Gun Lake Health and Human Services Department have established a COVID-19 Task Force to prepare mitigation strategies and implement safety measures to protect the citizenry, employees, and the surrounding community. By participating in this activity, I understand that I will be required to follow the established requirements for covid mitigation that are required and in place at the time. I am voluntarily participating in youth programming with the knowledge of such risks involved and hereby accept any and all risk of property damage, personal injury, illness or death.

I acknowledge that I have carefully read this Waiver and Release of Liability and that I fully understand that this is a release of all claims and liability. By signing, I am expressly releasing the Gun Lake Tribe from all causes of action, including negligence, and I am voluntarily waiving any right to bring any action against the Gun Lake Tribe for any accident, illness, and/or personal injury associated with participating with Youth services/programming.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE

The Parent or Eligible Student hereby authorizes the Gun Lake Tribe to take photographs and video and audio recordings ("Recordings") of the student in connection with the student participating in Gun Lake Tribe programs, and hereby:

- (1) grants the Band the absolute right and permission, without compensation, to take, use, post, display, publish, distribute, transmit, and otherwise disseminate the photographs and Recordings, and the Minor's name and likeness, in whole or in part, whether distorted in character or form, and without restriction as to change or alteration, for any and all purposes whatsoever, including but not limited to, for purposes of marketing, advertising, publicizing and promoting and Band program, event or initiative in any form of media ("Permitted Use");
- (2) consents to the use of any text or other published matter or image in connection with any Permitted Use;
- (3) waives any right to inspect or approve the photographs, Recordings, any use of the student's name or likeness, and any text or other published matter in connection with any Permitted Use; and
- (4) relinquishes and grants the Band all rights, title and interests in and to the photographs and Recordings, including any copyright therein. The Parent or Eligible Student acknowledges that any revocation or amendment to this authorization shall be perspective only and shall not affect any rights in or to any current photographs or Recordings.

As a member of the Gun Lake Tribe Youth Council, I acknowledge that I have read, understand and agree to the behavior expectations.

**This box must be checked and acknowledged by the Gun Lake Tribe Youth Council member before parent signature.*

By signing below, I acknowledge and accept the Gun Lake Tribe Youth waivers contact, medical, behavior, liability and media standards.

Parent/Guardian Signature: _____ Date: _____

Please upload a copy of the participants' medical insurance card or email a copy to the Youth Specialist at youth.specialist@gltnsn.gov.

AGREEMENT TO PARTICIPATE IN THE GUN LAKE TRIBE UNITY YOUTH COUNCIL ELECTION

I, _____, agree to allow my child to participate in the Gun Lake Tribe Youth Council Election and by their participation in the election agree to abide by the rules and policies as prescribed by the Gun Lake Tribe Education Department.

I understand that the Tribe is using a web-based third-party site for the election called Election Buddy. By using a third-party web-based service, I understand that the Tribe does not have control over the third party and that use of this service is on an as is basis and the risk is on the user for use of their service.

The Tribe, as the administrator of the web-based election service must share information about the voters to facilitate the Election Buddy voting process, namely by sending notice, recording the vote, tallying the winners, sharing results, and confirming the validity of the vote. I understand that Election Buddy will undertake commercially reasonable efforts to safeguard voter information along with ensuring the privacy of the information per their privacy policy. This information includes, but it not limited to, email addresses, phone numbers, and mailing addresses.

I understand that Election Buddy uses Google Analytics to collect non-personally identifiable information on its site visitors and users of their website. I understand that I can opt-out of Google Analytics by visiting Google and adjusting my ad settings.

I have read and understand this consent and release.

I hereby provide my consent for my child to participate in the Gun Lake Tribe Unity Youth Council Election and agree to the use of Election Buddy for the election.

Childs name: _____

Print - Name Parent/Legal Guardian: _____

Signature: _____ Date: _____

Please provide one email below for web-based voting link to be sent to.

Email: _____